



**CHECK-IN & TREATMENT AUTHORIZATION**  
*Please fill out both pages of this form in its entirety.*

**OWNER INFORMATION:**

Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Best phone number to reach you today:** \_\_\_\_\_

Reason for today's visit (please check all that apply):

\_\_\_\_\_ Sick (describe below) \_\_\_\_\_ Surgery (describe below)

\_\_\_\_\_ Dental Cleaning \_\_\_\_\_ Labwork/X-rays

\_\_\_\_\_ Routine Exam with vaccines \_\_\_\_\_ Other (describe below)

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Vaccines & Routine Care Due:**

**\*\*All vaccines must be current in compliance with our standard protocol and will be administered at the client's expense\*\***

**\*\*IF YOU ARE UNSURE, PLEASE CHECK WITH OUR STAFF AT CHECK-IN.\*\***

May we sedate your pet if needed? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Please call

What brand of food and treats do you feed your pet? \_\_\_\_\_

When did your pet eat last? \_\_\_\_\_

Is your pet \_\_\_\_\_ Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Both?

Are you medicating your pet? Please describe: \_\_\_\_\_

\_\_\_\_\_

**Would you like:**

\_\_\_\_\_ Nail Trim (\$12.50) \_\_\_\_\_ Anal glands expressed (\$16.50) \_\_\_\_\_ Bath (cost varies)

*Thank you for your trust! We look forward to taking care of your family!*



I authorize Garden Creek Pet Clinic and its staff to treat the above mentioned animal. This includes administering vaccines, medications, tests, surgical procedures, anesthetics, or treatments that the doctors deem necessary for the health, safety or well-being of the above animal while it is under their care and supervision. I understand that medical procedures and therapies carry inherent risk which can be unpredictable and can result in temporary or permanent injury to my pet. All vaccines must be current in compliance with our standard protocol. If not, they will be administered to my pet(s) at my expense.

You (Garden Creek Pet Clinic) are to use all reasonable precautions against illness, injury, and/or escape of my pet(s), but you will not be held liable or responsible under any circumstances, on account of the care, treatment, and/or safekeeping of my pet(s), as it is thoroughly understood that I assume all risks.

Should the circumstances arise that my pet(s) remains unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be sent by certified mail to the above address. Seven (7) days after receipt of this written notice, the pet(s) will be considered abandoned and will be handled in accordance with state law. It is further understood that such action will not relieve me from paying all costs of your services and the use of your clinic, including the cost of hospitalization.

I have read the preceding and understand and agree to its content.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please indicate:***

- \_\_\_\_\_ **Please call when my pet is ready to be picked up**
- \_\_\_\_\_ **I would like to pick up my pet at \_\_\_\_\_ (time)**

***We kindly ask that you pick up by 5:15pm so we can go over any discharge instructions or medications.***

***Additional Notes:***

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***\*\*\*Please fill out both pages of this Check-In & Treatment Authorization form\*\*\****

*Thank you for your trust! We look forward to taking care of your family!*